Ref & Version: 280801 & 2nd version
Ethics ID: 39955

Date: 22/11/21

Participant Agreement Form

Full title of project: SEN Wireless controller

Name, position and contact details of researcher: Mark Schofield, Final year student

Name, position and contact details of supervisor: Dr Ben Thomas, Sustainable design professor

To be completed prior to data collection activity

Section A: Agreement to participate in the study

You should only agree to participate in the study if you agree with all of the statements in this table and accept that participating will involve the listed activities.

I have read and understood the Participant Information Sheet (Reference: 280801 & 2nd version) and have been given access to the BU Research Participant Privacy Notice which sets out how we collect and use personal information (https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy).
I have had an opportunity to ask questions.
I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any particular question(s).
I agree that BU researchers may view and access information about my Child's/Legal Ward's medical records] and/or [process my Child's/Legal Ward's confidential medical information as described in the Participant Information Sheet
Your involvement in the research study will include the following activity/activities as part of the research:
• Being audio recorded during the project
I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study **except** where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed.

I take responsibility and understand that my data may be included in an anonymised form within a dataset to be archived at BU's Online Research Data Repository.	
I understand that my data may be used in an anonymised form by the research team to support other research projects in the future, including future publications, reports or presentations.	
	Initial box to agree
I consent to take part in the project on the basis set out above (Section A)	

Section B: The following parts of the study are optional

You can decide about each of these activities separately. Even if you do not agree to any of these activities you can still take part in the study. If you do not wish to give permission for an activity, do not initial the box next to it.

	Initial boxes to agree
I agree that BU researchers may contact my GP as described in the Participant Information Sheet	
I agree in the partaking of being photographed during this research study	
I understand that my words may be quoted in publications, reports, web pages and other research outputs. Please choose one of the following two options:	
I agree that my real name can used in the above.	
I do not agree that my real name can be used in the above.	

I confirm my agreement to take part in the project on the basis set out above.

Signature

Signature

Name of participant (BLOCK CAPITALS)	Date (dd/mm/yyyy)	
Name of researcher (BLOCK CAPITALS)	Date (dd/mm/yyyy)	

Once a Participant has signed, **please sign 1 copy** and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of PI Sheet)